

Foster Family Home - Corrective Action Report

Provider ID: 1-561276

Home Name: Imelda Bonilla, CNA

Review ID: 1-561276-5

94-1091 Hapalima Place

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 3/23/2018

End Date: 3/23/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 3 person CCFFH recertification survey.

Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Carrie Wakai
Compliance Manager

IMELDA C. BONILLA
Primary Care Giver

3.23.18
Date

3-23-18
Date